



Wisconsin Medicaid Cost Reporting

Cost Reporting Web Tool Overview

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Presented by Debbie Matitz



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WIMCR Eligible Services

- **Adult Mental Health Day Treatment**
- **AODA Day Treatment**
- **Case Management**
- **Child/Adolescent Day Treatment**
- **Community Support Program**
- **Crisis Intervention, including Stabilization Per Diem**
- **Home Health**
- **Outpatient Mental Health and Substance Abuse Services**
- **Outpatient Mental Health and Substance Abuse Services in the Home and Community**
- **Personal Care**
- **Prenatal Care Coordination**



Web Site Access

- **Web Address: www.wimcr.org**
- **WIMCR Welcome Page:**

Welcome to the new online version of the Wisconsin Medicaid WIMCR Cost Reporting Tool. This tool is intended to be user friendly and to make the WIMCR cost reporting process more efficient.

On this page, you will find instructions for registering as a user of the WIMCR Web tool. As part of the registration process, you will need to identify all of the services and the associated provider numbers for which you will be seeking reimbursement under WIMCR for calendar year 2003. After registration, you will be directed to the WIMCR home page where you will find:

- Certification of Medicaid Operating Deficit and Application for Distribution of Federal Financial Participation - **Due September 3, 2004.**
- 2003 WIMCR Cost Reports - **Due September 3, 2004.**
- WIMCR Cost Reporting Instruction Manual.
- Other WIMCR Reference Documents.

Note: Web Site will be available on 7/26/04



New Users

If you are new to this web site, select the Register link below to register as a new user of the WMCR Cost Reporting Tool Web site.

[Register for WMCR](#)



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Register for the WIMCR Program

Last Name	<input type="text"/>
First Name	<input type="text"/>
Public Agency Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
E-Mail	<input type="text"/>
Phone	<input type="text"/>
	Ext <input type="text"/>
Fax	<input type="text"/>
<p>Please create a user name and password. User names and passwords are case sensitive and must be 5 to 10 characters in length.</p>	
User Name	<input type="text"/>
Password	<input type="text"/>
<input type="button" value="Register"/> <input type="button" value="Reset"/>	



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Registration Confirmed

You have successfully registered as:

Last Name	Tester
First Name	Tester
User Name	23456
Password	23456

**Please remember your user name and password
for future access to this Web site.**

[Continue to Register Provider IDs and Services](#)



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Registered Users

User Name

Password

Login

If you have been to this site and have forgotten your User Name and/or Password, call the WIMCR Coordinator at (888) 322-1006 for assistance.



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WIMCR Web Tool

Home Page:



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[Home](#) | [Log Out](#)

[Update My Information](#) | [Register Service](#)

WIMCR Coordinator — 1(888) 322-1006

User: Test NewTest

June 21, 2004

Reference Documents

WIMCR reports require [Adobe® Reader®](#).

[WIMCR Certification and Application \(PDF\)](#)

[WIMCR Cost Report Instruction Manual \(PDF\)](#)

[Frequently Asked Questions \(PDF\)](#)

[State Single Audit Guidelines \(PDF\)](#)

[OMB Circular A-87 \(PDF\)](#)

Contact Information

WIMCR Coordinator

10 E Doty St

Ste 210

Madison, WI 53703

[Enrollment](#) [Completing Cost Reports](#) [Services Eligible for Reimbursement](#)

Enrollment in WIMCR for Calendar Year 2003

To receive reimbursement for costs incurred in calendar year 2003, agencies must:

- Enroll in the WIMCR program by reviewing and completing the [Certification of Medicaid Operating Deficit and Application for Distribution of Federal Financial Participation \(PDF\)](#)
- Complete a WIMCR cost report.

A separate Application and Cost Report must be completed for each service for which you seek reimbursement. **Applications and Cost Reports must be submitted to Wisconsin Medicaid by September 3, 2004.**

Completing 2003 WIMCR Cost Reports

It is very important to read the [WIMCR Cost Report Instruction Manual \(PDF\)](#) before completing the WIMCR cost reports. Errors in completing your reports may delay



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WIMCR Reference Documents

Links provided to:

- **Adobe Reader**
- **WIMCR Certification and Application**
- **WIMCR Cost Report Instruction Manual**
- **Frequently Asked Questions**
- **State Single Audit Guidelines**
- **OMB Circular A-87**



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Registering a Service

Step 1 You will need to register every provider number for which you plan to submit a 2003 WIMCR Cost Report.

Provider ID	<input type="text" value="09090909"/>	<input type="button" value="Add Provider"/>
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Step 2 You must associate a Medicaid Service with every registered provider number.

Provider ID	<input type="text" value="09090909"/>	
Medicaid Service	<input type="text" value="Outpatient Mental Health and Substance Abuse Service"/>	<input type="button" value="Add Service"/>

Step 3 Proceed to WIMCR Home Page to receive instructions on completing Cost Reports.

Our records show that you have registered for the following WIMCR services:

Provider ID	Service Name		Application Status	Report Status
09090909	Outpatient Mental Health and Substance Abuse Services	Report	Not Received	Not Submitted



Completing a Cost Report

- Instructions on Home Page
- Click on Report to open a new cost report

Provider ID	Service Name	Application Status	Report Status
09090909	Outpatient Mental Health and Substance Abuse Services	Report	Not Received
			Not Submitted



Click Here



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Submitting a Cost Report

*** Refer to handouts for sample cost reports**

Click Here



Service	Adult Mental Health Day Treatment - 2003	Submit Cost Report This cost report will be submitted to the WIMCR Coordinator. Once submitted, this report can only be changed by a WIMCR Coordinator.
Medicaid Provider Number	02020202	
Agency Name		
County		
Application Status	Not Received	
Cost Report Status	Not Submitted	



Editing a Cost Report

- **Contact WIMCR Coordinator to gain access to completed report:**
 - toll-free: 888-322-1006
 - E-mail: WIMCR@dhfs.state.wi.us



Required Cost Reports

- **How do I know what programs to submit cost reports for?**
 - **County Contact Form**
- **Problems completing Cost Report – contact WIMCR Coordinator**
 - **Imperative that you complete on time – could affect timely issue of payments**
 - **Federal regulations require that cost reports be submitted in order to issue base payment as well as the interim payment**



Single State County Audit

- **WIMCR, like CSDRB, is subject to single county audit**
- **Selection for audit is based on 3 risk factors**



Risk Factor 1

- **Risk Factor 1: Reported Cost Exceeding Allowable Cost***

- e.g., Community Support Program

- CSP Professional - County Reported Cost = \$160/hour

- Allowable Cost = \$133/hour

*** Formula for Allowable Cost = Average of all agencies + 2 Standard Deviations**

PLEASE NOTE: If your county's costs fall 2 Standard Deviations above the mean, you may want to have your auditors review your costs.



Risk Factor 2

- **Risk Factor 2: Overhead to Direct Costs for Staff and Non-Contracted Staff Ratio in Excess of 100%**
 - e.g.,
 - County Reported Overhead Cost = \$5,600
 - County Reported Direct Staff Cost + Non-Contracted Staff = \$2,700
 - Ratio = 108%



Risk Factor 3

- **Risk Factor 3: Calculated Medicaid Costs in Excess of Total Reported Costs**
 - e.g.,
 - **County Total Reported Cost = \$50,000**
 - **County Unit Cost = \$100/unit X 600 MA Units = \$60,000 (Total MA Costs)**



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WIMCR Technical Assistance

- **WIMCR Coordinator**
 - **Toll-free Hotline: 888-322-1006**
 - **Available Monday through Friday – 8:00 a.m. to 5:00 p.m.**
 - **E-mail: WIMCR@dhfs.state.wi.us**
 - **Mailing Address: 10 East Doty Street, Suite 210, Madison, WI 53703**
- **Peer Technical Assistance**
 - **Previous cost reports submitted for your county**
 - **Other agencies reporting on the same services**